

December 29, 2006

Contact Name
Company Name
Mailing Address
City, State Zip

EPA ID: _____

**SUBJECT: ANNUAL PERMITTED FACILITY AND GENERATOR REPORTING FOR CALENDAR
YEAR 2006**

Enclosed are the forms and instructions necessary for completing your annual hazardous waste reports for calendar year 2006. Two separate reporting forms are included; the annual permitted facility report and the annual generator report.

Please read the instructions carefully to ensure both reports accurately reflect hazardous waste management activities at your facility for the year 2006. This is especially important for facilities that are permitted to treat or store waste on-site and that also ship waste off-site.

These reports must be submitted to this office by March 1, 2007. Submit the reports to:

Waste & Underground Storage Tank Management Bureau
Hazardous Waste Section
P.O Box 200901
Helena, Montana 59620-0901

The assessment of annual Hazardous Waste registration fee and Invoice will be mailed about May 2007.

If you have any questions or encounter difficulties in completing the report, please contact your DEQ Facility Project Manager: Ann Kron (406) 444-5824; Denise Kirkpatrick (406) 444-3983; or Rebecca Holmes (406) 444-2876 of the Hazardous Waste Permitting Unit.

Sincerely,

Mark Hall
Hazardous Waste Section Supervisor

Enclosures: 2006 Facility Annual Hazardous Waste Report Forms
2006 Facility Annual Hazardous Waste Report Instructions
2006 Generator Annual Hazardous Waste Report Forms
2006 Generator Annual Hazardous Waste Report Instructions

MONTANA DEPARTMENT OF ENVIRONMENTAL QUALITY
FACILITY DATA VERIFICATION &
ANNUAL HAZARDOUS WASTE REPORT FORM FOR 2006

This report is for the calendar year ending December 31, 2006. Please read all instructions in BLUE Instruction Booklet carefully before making any entries on form. PLEASE TYPE / PRINT

PART ONE	GENERAL INFORMATION
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Mailing Date: December 29, 2006

(Please make corrections in space provided)	I.	NON-REGULATED STATUS This facility DID NOT treat, store, or dispose of regulated quantities of hazardous waste at any time during 2006. <div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> If YES is checked, fill out I. through VIII. only and return to DEQ This Facility's Non-Regulated Status is expected to Apply. <div> <input type="checkbox"/> For 2006 Only <input type="checkbox"/> Permanently <input type="checkbox"/> Other _____ </div>
		Explain your non-regulated status _____ _____ _____
	II.	FACILITY EPA ID NUMBER
	III.	FACILITY NAME
	IV.	COUNTY LOCATION _____ LOCATION ADDRESS OF FACILITY _____
	V.	MAILING ADDRESS OF SITE
	VI.	CONTACT PERSON _____ ALTERNATE CONTACT _____ TELEPHONE / FAX NUMBER <div> <div>Ext.</div> <div>Fax</div> </div>
	VII	COST ESTIMATES FOR FACILITIES Estimate for Facility Closure..... \$ _____ Estimate for Post Closure Monitoring and Maintenance \$ _____
VIII.	CERTIFICATION I certify under penalty of law that this document and all attachments were prepared under my direction or supervision according to a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (40 CFR 270.11).	

▼ (Please Print or Type) ▼

(Name)

(Signature)

(Title)

(Date Signed)

PART TWO WASTE IN STORAGE**IX. TOTAL WASTE IN STORAGE ON DECEMBER 31, 2006**

PART A			PART B
<i>Process Code</i>	<i>Amount of Waste</i>	<i>Year Placed in Storage</i>	<i>Unit of Measure (UOM) Code</i>

STORAGE PROCESS CODES	
PROCESS CODE	PROCESS
S01	Container
S02	Tank
S03	Waste Pile
S04	Surface Impoundment
S05	Drip Pad
S06	Containment Building-Storage
S99	Other Storage

Unit of Measure	
UOM	Code
Gallons	G
Liters	L
Short Tons (2000 lbs.)	T
Cubic Yards	Y
Cubic Meters	C
Pounds	P
Metric Tonnes (1000 kg)	M

(Make copies of this sheet for additional pages)

PART THREE WASTE IDENTIFICATION AND MANAGEMENT																	
<div><div><div>X. <input checked="" type="checkbox"/> Generated On-Site</div><div>Check box if waste was generated <i>and</i> treated, stored or disposed at your facility, then enter "NA" in Sections XI, XII and XIII.</div></div><div><div>XII. Generator Name</div><div>_____ <small>(Specify generator from whom all wastes listed on this page were received)</small></div><div>XIII. Generator Address</div><div>_____ <small>(Street or P.O. Box)</small></div><div>_____ <small>(City or Town)</small></div><div>_____ <small>(State)</small></div><div>_____ <small>(Zip Code)</small></div></div></div>										<div>XI. Generator EPA ID Number</div> <div>____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ <small>(Enter Generator 12 digit EPA ID No.)</small></div>							
XIV. A		B						C		D		E				F	
	Description of Waste	EPA Hazardous Waste Codes						Last Facility Process Method		Final Off-Site Process Method		Amount of Waste				Unit of Measure	
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
XV. COMMENTS: _____																	

